

APPLICATION FOR APPOINTMENT

For use of this form, see AR 135-100, AR 145-1, AR 351-5, and AR 601-100; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10 United States Code, Section 3012 (Title 5 United States Code, Section 552a)

PRINCIPAL PURPOSE: To obtain an appointment as a commissioned or warrant officer in the Regular Army or Army Reserve, or to obtain selection to attend the US Army Officer Candidate School.

ROUTINE USES: Basis for determination of qualifications and background information for eligibility for consideration for appointment as a Regular Army or Army Reserve commissioned/warrant officer or for selection for attendance at the US Army Officer Candidate School.

DISCLOSURE Disclosure of information requested in DA Form 61 is voluntary. Failure to provide the required information will result in non-acceptability of the application.

1. TYPE OF APPOINTMENT FOR WHICH APPLICATION IS SUBMITTED			2. GOVERNING REGULATION OR CIRCULAR (Specify appropriate section(s) if applicable) AR 135-100		
<input type="checkbox"/> COMMISSIONED OFFICER - REGULAR ARMY			3. GRADE FOR WHICH APPLYING (Reserve appointments only) WO1		
<input type="checkbox"/> COMMISSIONED OFFICER - ARMY RESERVE			4. SOURCE OF APPLICATION (ROTC only)		
<input type="checkbox"/> WARRANT OFFICER - REGULAR ARMY			<input type="checkbox"/> DMG <input type="checkbox"/> DATE DESIGNATED:		
<input checked="" type="checkbox"/> WARRANT OFFICER - ARMY RESERVE			<input type="checkbox"/> SCHOLARSHIP - ENTER 1, 2, 3 OR 4 YEARS:		
<input type="checkbox"/> OFFICER CANDIDATE SCHOOL			5. ONLY FOR APPLICANTS FOR APPOINTMENT AS WARRANT OFFICERS (List choice by MOS code and title)		
6. BRANCH AND SPECIALTY PREFERENCES			a. MOS CODE		
Regular Army and Officer Candidate applicants and all ROTC graduates: In numerical sequence, indicate 10 branch preferences other than CA and SS.			b. MOS TITLE		
USAR applicants: If applying for a specific Reserve vacancy, indicate ONLY the branch of the vacant position; all other applicants may enter more than one branch.			270A Legal Administrator		
			If qualified, may list up to 3 MOSs. List MOSs in order of preference. Listing more than 1 MOS requires extra processing time because proponents must review.		
PERSONAL DATA					
PREFER- ENCE	BRANCH	SPECIALTY	7. NAME (Last, first, middle)(Explain variations from birth certificate in Item 41) WHO, You Are		8. GRADE E-6
			9a. SOCIAL SECURITY NUMBER 000-00-0000		
			10. BRANCH (MOS if enl or wo) 27D30	11. TOTAL YRS ACTIVE SERVICE 7	12. MARITAL STATUS M
			13. NUMBER OF DEPENDENTS UNDER 18 YEARS OF AGE 2		9b. SELECTIVE SERVICE NUMBER
	AD		14. DATE OF BIRTH 7 Apr 71	15. PLACE OF BIRTH (City, county, state) Radcliff Hardin Kentucky	16. SEX M
	AG		17. COMPLETE MILITARY ADDRESS (If presently on active duty) (Include ZIP Code) HHC, III Corps Fort Hood, TX 76544		EMAIL ADDRESS (817)288-2527
	AR		18. PERMANENT ADDRESS (Include ZIP Code) 407 Keith Street Elizabethtown, KY 42701		PHONE (Include area code) (502)765-6868
	AV		19. CURRENT MAILING ADDRESS (If difference from Item 18) (Include ZIP Code) 419A Nicholson Road Fort Hood, TX 76544		EMAIL ADDRESS (817)526-1111
	CA		20. US CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		a. NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	CM		b. <input type="checkbox"/> NATURALIZATION <input type="checkbox"/> DERIVED <input type="checkbox"/> IMMIGRANT		c. APPLICANT'S CERTIFICATE NO. (If Item b. checked) (Date, place, court)
	EN		21. CIVILIAN EDUCATION (See page 3 for additional requirements for professional personnel)		
	FA		a. HIGH SCHOOL GRADUATE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. NAME AND LOCATION OF HIGH SCHOOL Orchard View High School, Muskegon, MI 49442
	FI		c. NAME AND LOCATION OF EACH COLLEGE OR UNIVERSITY ATTENDED (Include USMA, USNA, USAFA, USCGA, and USMMA)		(1) DEGREE
	IN		University of Maryland		(2) SEMESTER CREDITS
	MI		Central Texas College		(3) YEARS ATTENDED
	MP				(4) DATE GRADUATED OR WILL GRADUATE
	OD				DAY MONTH YEAR
	QM				(5) MAJOR SUBJECT
	SC				Business Mgmt
	SS				Management
	TC				
	AN				
	CH				
	DE				
	JA				
	MC				
	MS				
	SP				
	VC				
22. HIGHEST LEVEL SERVICE SCHOOL ATTENDED					
a. NAME OF SCHOOL		b. COURSE		c. DATES (Mo-Yr)	
				COMPLETED	
				FROM TO YES NO	
US Army Soldier Spt Center Ft. Jackson, SC		BNCOC		01 97 04 97 X	
23a. FOREIGN LANGUAGES AND DEGREE OF PROFICIENCY NA				b. ALAT SCORE (If applicable) NA	

24. ARE YOU NOW, OR HAVE YOU EVER BEEN A CONSCIENTIOUS OBJECTOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, attach affidavit)							
25. <input checked="" type="checkbox"/> I UNDERSTAND THAT, IF I AM SELECTED FOR APPOINTMENT, I WILL BE EXPECTED TO ACCEPT SUCH ASSIGNMENTS AS ARE IN THE BEST INTEREST OF THE SERVICE REGARDLESS OF MY MARITAL STATUS AND/OR RESPONSIBILITY FOR DEPENDENTS; AND IT IS MY RESPONSIBILITY TO MAKE APPROPRIATE ARRANGEMENTS FOR THE CARE OF MY DEPENDENTS SHOULD I BE REQUIRED TO PERFORM DUTY IN AN AREA WHERE DEPENDENTS ARE NOT PERMITTED.							
26. HAVE YOU EVER UNDER EITHER MILITARY OR CIVILIAN LAW BEEN INDICTED OR SUMMONED IN TO COURT AS A DEFENDANT IN A CRIMINAL PROCEEDING (Including any proceedings involving juvenile offenses, article 15, UCMJ, and any court-martial) REGARDLESS OF THE RESULT OF TRIAL, OR CONVICTED, FINED, IMPRISONED, PLACED ON PROBATION, PAROLED OR PARDONED, OR HAVE YOU EVER BEEN ORDERED TO DEPOSIT BAIL OR COLLATERAL FOR THE VIOLATION OF ANY LAW, POLICE REGULATION OR ORDINANCE? (Exclude traffic violations involving a fine or forfeiture of \$100 or less).							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, ATTACH REQUEST FOR WAIVER LISTING THE DATE, THE NATURE OF EACH ALLEGED OFFENSE OR VIOLATION, THE NAME AND LOCATION OF THE COURT OR PLACE OF HEARING, AND THE PENALTY IMPOSED OR OTHER DISPOSITION OF EACH CASE AND FURNISH COPY OF COURT ACTION OR DETAILED STATEMENT IN AFFIDAVIT FORM AS TO THE OUTCOME OF EACH CASE.							
27. ACTIVE MILITARY SERVICE (Indicate tour with each organization separately - show ROTC Camps in Item 39)							
a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT	
		FROM	TO				
ENLISTED	US Army	25 Jun 92	Present	27D30	NA	E-6/RA	
WARRANT OFFICER							
COMMISS- SIONED							
f. DATE CURRENT ACTIVE DUTY TOUR TERMINATES <u>ETS: 17 Oct 2006</u>		g. DATE OF LAST ADL PROMOTION <u>DOR: 1 Aug 99</u>					
28. RESERVE OR NATIONAL GUARD SERVICE (Not on active duty)							
a. ORGANIZATION (US Armed Forces, USCG, NOAA, US Public Health Service, Peace Corps)		b. DATES (Day, Month, Year)		c. BRANCH/MOS (As appropriate)	d. PRIOR SERVICE NO. (If applicable)	e. HIGHEST GRADE AND COMPONENT	
		FROM	TO				
ENLISTED	US Army Reserve	2 Feb 91	24 Jun 92	71D10	NA	E-4/USAR	
WARRANT OFFICER							
COMMISS- SIONED							
29. SOURCE OF CURRENT COMMISSION (If applicable)				30. AWARDS (Do not list theater or service medals)			
ARNGUS: <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT <input type="checkbox"/> OTHER USAR: <input type="checkbox"/> ROTC <input type="checkbox"/> ROTC (ECP) <input type="checkbox"/> ROTC (SMP) <input type="checkbox"/> OCS <input type="checkbox"/> DIRECT APPOINTMENT				MSM-2, ARCOM-2, AAM-2			
31. HAVE YOU EVER APPLIED AND NOT BEEN SELECTED FOR: a. ROTC <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. OCS <input type="checkbox"/> YES <input type="checkbox"/> NO							
c. APPOINTMENT IN RESERVE COMPONENT (USAR/ARNG)		YES	NO	d. APPOINTMENT IN REGULAR ARMY		YES	NO
AS A WARRANT OFFICER			X	AS A WARRANT OFFICER			X
AS A COMMISSIONED OFFICER			X	AS A COMMISSIONED OFFICER			X
e. IF ANSWER IS "YES", EXPLAIN FULLY							
32. ARE YOU NOW OR HAVE YOU EVER BEEN IN THE MILITARY SERVICE OF OR BEEN EMPLOYED BY A FOREIGN GOVERNMENT (If yes, give dates, country and type of service or employment) <u>No</u>							
33. HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN IN LIEU OF ELIMINATION PROCEEDINGS; BEEN DISCHARGED IN LIEU OF ELIMINATION, FURLOUGHED (other than regular furlough or leave), OR PLACED ON INACTIVE STATUS WHILE SERVING IN THE US ARMED FORCES; OR, HAVE YOU EVER RESIGNED OR BEEN ASKED TO RESIGN FROM A POSITION WHILE IN PRIVATE OR GOVERNMENT EMPLOYMENT? (If yes, state circumstances; if more space is required, continue on separate sheet).							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

34. APPLICANTS FOR JUDGE ADVOCATE GENERAL'S CORPS ONLY				35. APPLICANTS FOR CHAPLAINS BRANCH ONLY	
BARS OF WHICH YOU ARE A MEMBER <i>(Specify dates)</i>				RELIGIOUS DENOMINATION BY WHICH YOU WILL BE ENDORSED	
36. APPLICANTS FOR MEDICAL AND DENTAL CORPS ONLY					
a. TRAINING		b. NAME AND LOCATION OF HOSPITAL		c. DATES <i>(Month and Year)</i>	
LEVEL	TYPE			FROM	TO
INTERNSHIP					
RESIDENCY TNG					
SPECIALTY TNG					
d. SPECIALTY BOARDS				e. DATES OF CERTIFICATION <i>(Day, Month, Yr)</i>	
f. PLACE IN WHICH CURRENTLY LICENSED					
37. APPLICANTS FOR ARMY NURSE CORPS AND ARMY MEDICAL SPECIALIST CORPS ONLY					
a. NAME OF NURSING OR ACCREDITED PROFESSIONAL SCHOOL				b. LOCATION	
c. DATES OF ATTENDANCE <i>(Mo, Yr)</i>		d. STATE AND CURRENT REGISTRATION NUMBER		e. STATE AND DATE OF INITIAL REGISTRATION <i>(Day, Month, Year)</i>	
FROM	TO				
f. POSTGRADUATE COURSES <i>(Include courses at general hospitals, service schools, and short courses)</i>					
(1)	SUBJECT OR COURSE	(2)	NAME AND LOCATION OF SCHOOL OR HOSPITAL	(3)	SEMESTER CREDITS EARNED
38. HAVE YOU BEEN EMPLOYED BY THE US ARMY AS A DIETITIAN, OCCUPATIONAL OR PHYSICAL THERAPIST? <i>(If yes, give dates)</i>					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
39. ARMY ROTC <i>(To be completed only by prospective ROTC graduates applying for appointment in USAR or RA)</i>					
SUCCESSFULLY COMPLETED AROTC PROGRAM AS FOLLOWS					
COURSE	DATES ATTENDED <i>(Month and Year)</i>		c. CAMP TRAINING		
	FROM	TO			
a. BASIC			(1) INSTALLATION <i>(Basic)</i>		COMPLETION DATE <i>(Month, Year)</i>
b. ADVANCED			(2) INSTALLATION <i>(Advanced/Ranger)</i>		COMPLETION DATE <i>(Month, Year)</i>
40. MAIN CIVILIAN EMPLOYMENT					
a. NAME AND ADDRESS OF EMPLOYER			b. JOB TITLE		c. MONTH AND YEAR
Kelly Temporary Services Grand Rapids, MI 48722			Secretary/Typing		
					FROM 0292 TO 0692
b. PRINCIPAL DUTIES <i>(Describe briefly)</i>					
Typed letters, kept personnel files updated, answered inquiries					
41. REMARKS <i>(Experience, proficiencies and special abilities not shown elsewhere in this application. Those required to enter primary entry specialties, see Para 1-27d,e, AR 601-100). (If more space is required, attach additional sheet)</i>					
<p>I certify that (Applicant's Name) successfully passed the APFT consisting of pushups, situps, and the two mile run with a score of _____ on _____; the verified height is _____ and verified weight is _____.</p> <p style="text-align: right; margin-top: 100px;">JOHN Q. DOE CPT, AG Commanding</p> <p>Note 1: If you exceed the ht/we tables of AR 600-9, you must include a Body Fat Worksheet (DA Form 5500-R or 5501-R) Note 2: Ensure APFT is as recent as possible. If close to the six month expiration, then retest. Note 3: Required entry for Military Intelligence (MI) applicants: Soldier is available for world-wide deployment.</p>					
42. THE INFORMATION CONTAINED HEREIN IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.			DATE Current Date	SIGNATURE OF APPLICANT Applicant's Signature Here	

**PART I - RECOMMENDATION FOR APPOINTMENT OF ROTC GRADUATE AS A (REGULAR) OR
(RESERVE) COMMISSIONED OFFICER OF THE ARMY (AR 601-100, AR 145-1) (To be completed by PMS only)**

FROM: (Name and Address of Institution)

TO: (Appropriate Region Commander)

- a. APPLICANT WILL HAVE SUCCESSFULLY COMPLETED AT THIS INSTITUTION THE PRESCRIBED COURSE FOR THE UNIT ON _____ (Date)
- b. APPLICANT ☐ HAS ☐ HAS NOT COMPLETED SUCCESSFULLY THE REQUIRED CAMP TRAINING.
- c. APPLICANT ☐ WILL HAVE ATTAINED ☐ WILL NOT HAVE ATTAINED, A BACCALAUREATE DEGREE UPON SUCCESSFUL COMPLETION OF THE ROTC COURSE.
- d. I CONSIDER APPLICANT PHYSICALLY, MENTALLY, MORALLY, AND PROFESSIONALLY QUALIFIED FOR APPOINTMENT AS A ☐ REGULAR ☐ RESERVE COMMISSIONED OFFICER OF THE ARMY RECOMMEND HIS APPOINTMENT.
- e. APPLICANT WILL ATTAIN FULL QUALIFICATION FOR, AND SHOULD BE APPOINTED ON _____ (Day, Month and Year)

DATE

BRANCH FOR ASSIGNMENT

SIGNATURE AND GRADE (PMS)

PART II - RECOMMENDATION FOR APPLICANTS FOR OCS ONLY (AR 351-5)

a. STATEMENT

TO:

DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____
2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE

b. STATEMENT

TO:

DATE

1. I HAVE KNOWN THE APPLICANT FOR _____ MONTHS. HE HAS SERVED UNDER ME FOR _____ MONTHS. HIS PRINCIPAL DUTY IS _____
2. I ☐ DO ☐ DO NOT RECOMMEND THE APPLICANT.
3. REMARKS (Include your opinion as to his/her overall ability (to include leadership) and value to the service).

ENCLOSURES

SIGNATURE

ORGANIZATION

TYPED NAME, GRADE AND TITLE